

Summer Food Service Program (SFSP) **SPONSOR MONITOR SITE REVIEW FORM**

To the Monitor: Complete *two copies* of this form. Leave one form with the site supervisor and provide the other form to the sponsor.

Sponsor: _____ Date of Review: _____

Name of Site: _____ Monitor's Arrival Time: _____

Address: _____ Monitor's Departure Time: _____

Phone: _____

Site Supervisor: _____ Regular Site _____ Camp Site _____

Name of person contacted at site: _____ Title: _____

Type(s) of meal service reviewed: _____

Approved Average Daily Participation (ADP): _____ Approved time of meal service: _____

Attendance on day of visit: _____

Number eligible for free or reduced-price meals (camp only): _____

Day of Visit	TYPE OF MEAL			
	Breakfast	Supplement	Lunch	Supper
Number of meals prepared (single site - self prep) :	_____	_____	_____	_____
Number of meals delivered (off-site prep) :	_____	_____	_____	_____
Number of meals/milk from previous day:	_____	_____	_____	_____
Times meals delivered (off-site prep) :	_____	_____	_____	_____
Times meals served:	_____	_____	_____	_____
Number of first meals served to children:	_____	_____	_____	_____
Number of meals served as seconds to children:	_____	_____	_____	_____
Number of meals served to program adults:	_____	_____	_____	_____
Number of meals served to non-program adults:	_____	_____	_____	_____
Number of meals leftover:	_____	_____	_____	_____
Menu Served: _____				

SPONSOR MONITOR SITE REVIEW FORM, continued

YES

NO

_____	_____	Are meals served as a unit?
_____	_____	Did meal agree with menu planned?
_____	_____	Were all requirements met?
_____	_____	Are all children fed onsite?
_____	_____	Are meals planned and prepared with one meal per child in mind?
_____	_____	Are accurate counts taken of meals served?
_____	_____	Are meal production records kept?
_____	_____	Does site have sufficient food service supervision?
_____	_____	Is an inventory record being kept?
_____	_____	Are receiving reports and purchase invoices kept?
_____	_____	Does staffing pattern correspond to that listed on approved site application sheet?
_____	_____	Has site supervisor attended training session?
_____	_____	Are program aids such as the site handbook being used?
_____	_____	Is there proper sanitation and storage?
_____	_____	Are meals served within time frames?
_____	_____	Are records of adult meals kept?
_____	_____	Is there documentation of children eligible for free or reduced price meals if applicable?
_____	_____	Is the meal delivery schedule followed?
_____	_____	Are meals counted before signing delivery receipt? (off-site prep)
_____	_____	Are meals checked for quality?
_____	_____	Are there provisions for storing or returning excess meals?
_____	_____	Is the ratio of meals served as seconds to meals served as firsts excessive, considering the 2 percent limit on claiming seconds?
_____	_____	Is site supervisor following procedures established to make meal order adjustments?
_____	_____	Does site have a place to serve children's meals in case of inclement weather?
_____	_____	Is there a nondiscrimination poster provided by the sponsor, on display in a prominent place?

SPONSOR MONITOR SITE REVIEW FORM, continued

Major Violations

	Yes	No
1. Adult meals included in count of meals served to children	_____	_____
2. Off-site consumption (children)	_____	_____
3. More than one meal per child +2%	_____	_____
4. Meal pattern not met (specify)	_____	_____
5. Meals not served as a unit	_____	_____
6. Meal times not met	_____	_____

Check below if the following apply (explain any checked items)

7. ☐ No Records
8. ☐ Incomplete Records
9. ☐ Poor Sanitation
10. ☐ Other (*Please describe*):

Corrective action discussed with (name and title): _____

Corrective action taken:

Site supervisor's comments:

Further action needed by: _____

I certify that the above information is correct.

Monitor's Signature

Site Supervisor's Signature

Date

Date

Sponsor Representative Signature

Date Reviewed by Sponsor Representative

SPONSOR MONITOR SITE REVIEW FORM, continued

Verification with Office Records

		Verify With Observation?		
		Number	Yes	No
1.	A. Reported number of meals delivered for meal observed	_____	_____	_____
	B. Reported number of first meals served for day of visit	_____	_____	_____
	C. Reported number of second meals served for day of visit	_____	_____	_____
	D. Reported number of adult meals served for day of visit	_____	_____	_____
	E. Reported number of leftover meals for day of visit	_____	_____	_____
	F. Reported number of discarded meals for day of visit	_____	_____	_____
2.	Comments:			
3.	Corrective action taken, if needed:			

Name of Authorized Sponsor Representative (signature)

Title

*This form is available at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sfsp/monitorsfsp.pdf.
For more information on the SFSP, visit the Connecticut State Department of Education [SFSP](#) Web site.*